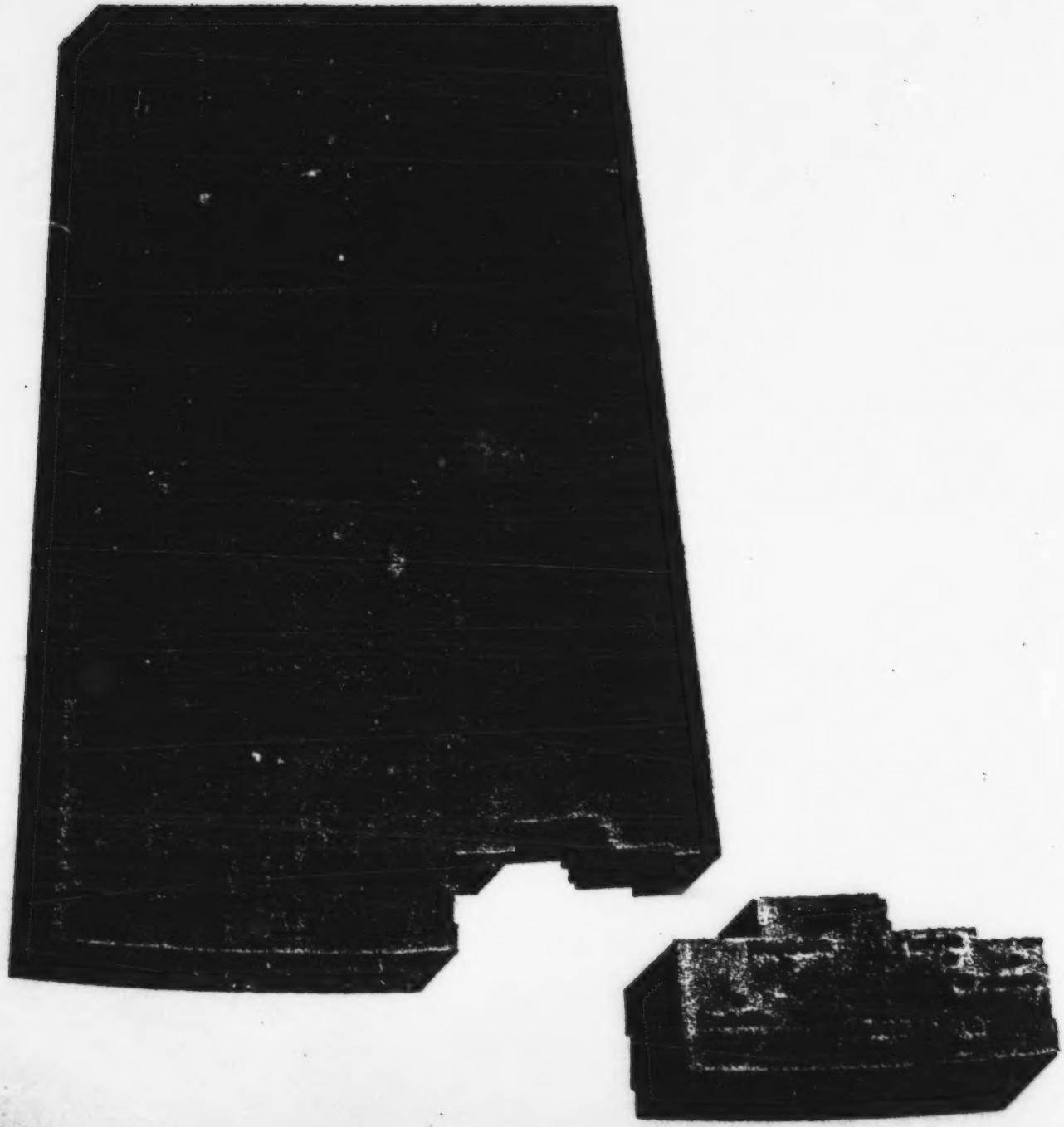
Saskatchewan Health

Community Services
Weyburn-Estevan
Region

Weyburn-Estevan Health Region
Annual Review 1985-86



ANNUAL REVIEW 1985-86

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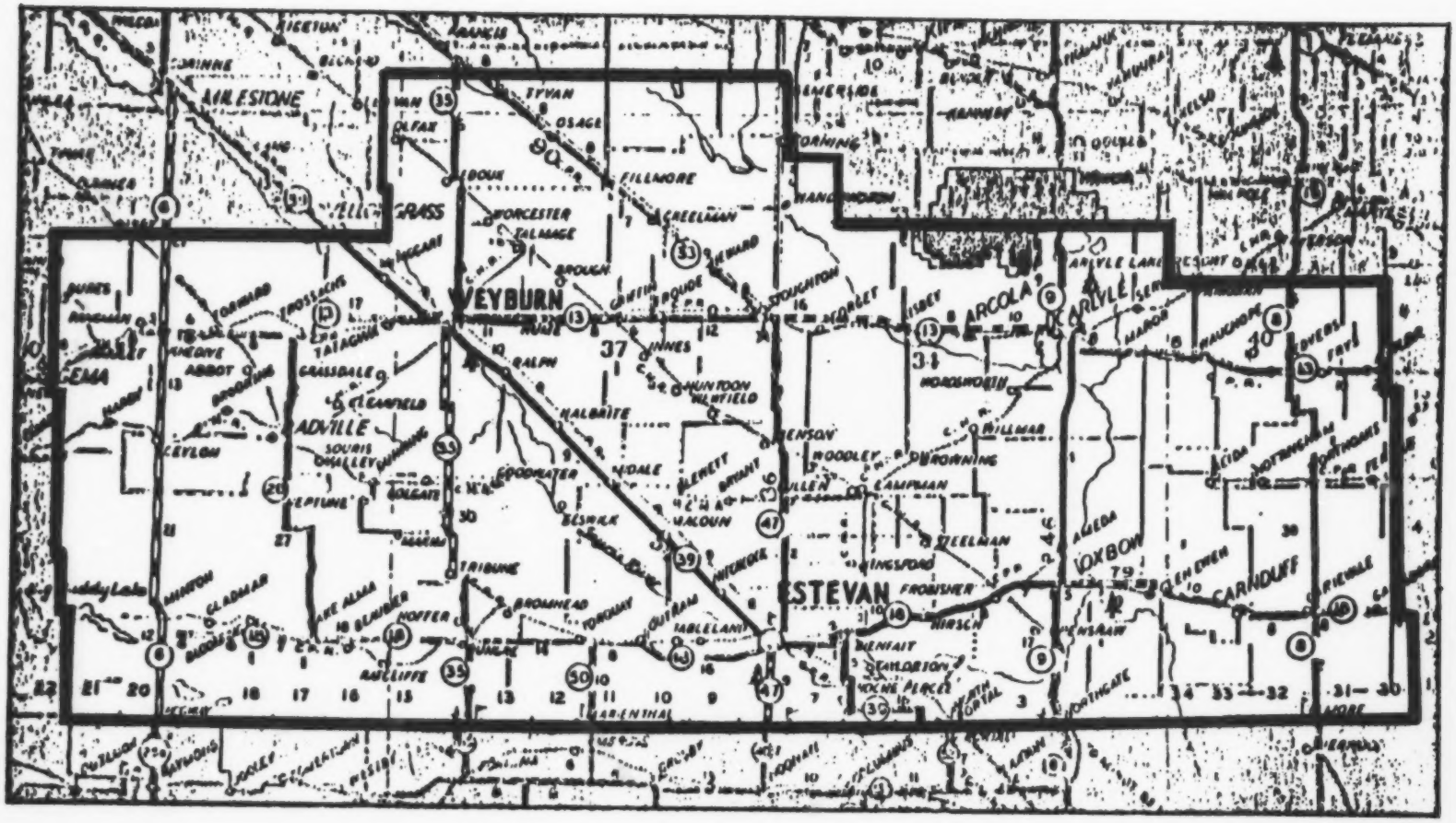
Weyburn - Estevan
Health Region No. 3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HALBRITE
TRIBUNE
BROOMHEAD
KISBEY
HOSKINSVILLE
ROOSEVILLE
DRINKWATER
STEELMAN
KINGSFORD
BENEATH
CENTRAL BUTTE
ARGYLE LAKE
ARGYLE
ROCKHOUSE
OVERFLY
FAYE
GLADMAR
MOTHERWELL
CONTINENTAL
FIELDALE
ALAMEDA
CEYLON
ABBOT
BROOKLYNE
GRASSDALE
CLEARFIELD
SOURIS VALLEY
EDGEWATER
BEAUBIER
HOPPER
BRADWELL
RAVELSTON
ROSEBUD
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ROSEMOUNT
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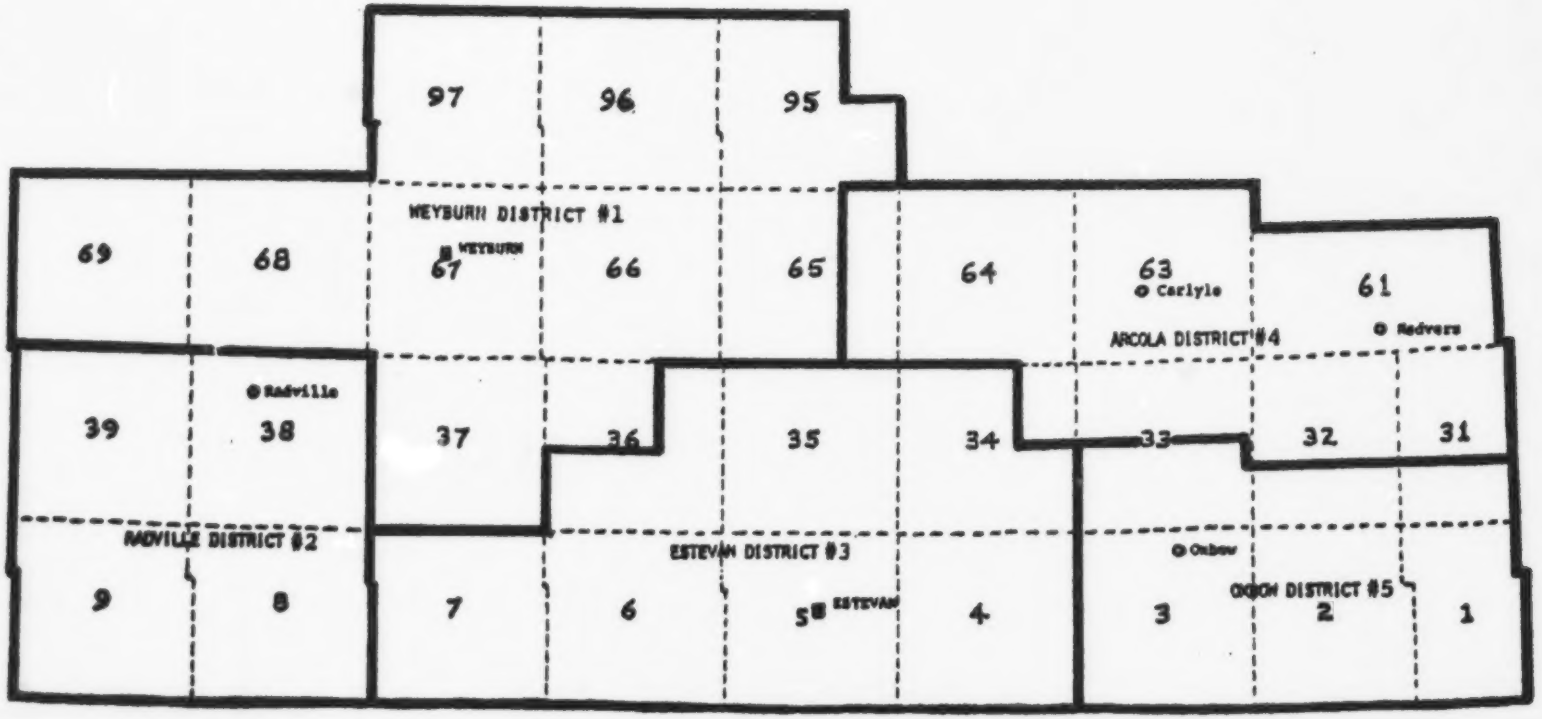
HEALTH DISTRICTS - WEYBURN-ESTEVAN HEALTH REGION



GREETINGS FROM THE CHAIRMAN OF THE BOARD

Gordon Miles

Our gratitude is extended to Bob Robins of Redvers, who served our area as Chairman of the Regional Board of Health for many years.

Special thanks to all the Health Region personnel for their dedicated service to our various communities.

A new orientation manual for Municipal Health Representatives has been introduced this year and we are proud that our Regional Director, Monica Hoffart, had a large part to play in bringing this long-awaited manual into fruition. We trust each Municipal Health Representative will avail themselves of it.

Outside of some staffing problems, our Region has had a very successful year. Rabies seems to be one of our main concerns. With a continued effort I am sure it can be controlled.

We appreciate the good relationship we have with Mr. Stan Malach, Executive Director, Community Health Services Branch, and his interest in all facits of health. The first in-service education seminar proved to go over well and I feel sure the next one will be even better.

We look forward to the continued co-operation from councillors and citizens at large and welcome any suggestions that would enable us to improve our health services.

Good health means good citizens! All of us working together can keep southern Saskatchewan the best place in Canada in which to live and raise our families.

WEYBURN-ESTEVAN REGION

REGIONAL BOARD MEMBERS

Name	Phone No.	Term of Office From	To
Marnie Bernard Trossachs SOC 2NO	442-4405	Jan. 1/84	Dec. 31/86
E. L. Dahl 438 - 3rd Street Estevan S4A 0P2	634-2069	Jan. 1/84	Dec. 31/86
D. Debusschere Box 53 Stoughton S0G 4T0	457-2236	Jan. 1/84	Dec. 31/86
K. Kyle Box 218 Redvers S0C 2H0	452-3844	Jan. 1/84	Dec. 31/86
G. Miles, Chairman 3 - 3rd Avenue S.E. Weyburn S4H 1X2	842-2491	Jan. 1/85	Dec. 31/87
J. R. Robins Box 529 Redvers S0C 2H0	452-3247	Jan. 1/85	Dec. 31/87
H. Seeman Box 42 Lampman S0C 1N0	487-2860	Jan. 1/85	Dec. 31/87
C. Graefer Box 63 Torquay S0C 2L0	923-2061	Jan. 1/86	Dec. 31/88
C. LaBatte Box 152 Minton S0C 1T0	969-2138	Jan. 1/86	Dec. 31/88
T. H. Redpath Box 96 Gainsborough S0C 0Z0	685-4706	Jan. 1/86	Dec. 31/88

MUNICIPAL HEALTH REPRESENTATIVES

Representative	Address	Representing
WEYBURN DISTRICT HEALTH COUNCIL		
Gordon Miles	3 - 3rd Ave. S., Weyburn S4H 1X2	City of Weyburn
Donald Debusschere	Box 53, Stoughton S0G 4T0	Town of Stoughton
Ernest Adderley	Box 358, Midale S0C 1S0	Town of Midale
Jean Gottfried	Creelman S0G 0X0	Village of Creelman
J.M. Kitson	Colgate S0C 0V0	Village of Colgate
Ruth Chambers	Fillmore S0G 1N0	Village of Fillmore
Ruth Makelki	Goodwater S0C 1E0	Village of Goodwater
James Weber	Box 938, Weyburn S4H 2L2	Village of Halbrite
Noelan Wallace	Box 31, Heward S0G 2G0	Village of Heward
Eloise Froh	Khedive S0C 1K0	Village of Khedive
John Dyck	McTaggart S0G 3G0	Village of McTaggart
Garry Kreutzer	Osage S0G 3T0	Village of Osage
Barry Kessler	Pangman S0C 2C0	Village of Pangman
Robert Winter	Box 207, Midale S0C 1S0	R.M. of Cymri No. 36
Elmer Johnson	Box 732, Weyburn S4H 2K8	R.M. of Lomond No. 37
Gordon Coutts	Stoughton S0G 4T0	R.M. of Tecumseh No. 65
Marvin Eddy	Box 183, Weyburn S4H 2J9	R.M. of Griffin No. 66
Algy Brazenas	315 Douglas Rd.,Weyburn S4H 0N5	R.M. of Weyburn No. 67
Marnie Bernard	Trossachs S0C 2N0	R.M. of Brokenshell No. 68
Barry Kessler	Pangman S0C 2C0	R.M. of Norton No. 69
Bertha Rose	Creelman S0G 0X0	R.M. of Golden West No. 95
Ray Kelley	Box 984, Weyburn S4H 2L2	R.M. of Fillmore No. 96
Doug Tincher	427 - 3rd Ave.N.W.,Weyburn S4H 1R2	R.M. of Wellington No. 97
ARCOLA DISTRICT HEALTH COUNCIL		
James McLean	Arcola S0C 0G0	Town of Arcola
Marilyn George	Carlyle S0C 0R0	Town of Carlyle
Cliff Easton	Box 30, Redvers S0C 2H0	Town of Redvers
Geraldine Gervais	Alida S0C 0B0	Village of Alida
Harvey Bauche	Box 11, Antler S0C 0E0	Village of Antler
Rene Buriet	Forget S0C 0X0	Village of Forget
John Houston	Kisbey S0C 1L0	Village of Kisbey
W. A. Smith	Manor S0C 1R0	Village of Manor
Gorman Orsted	Box 1, Antler S0C 0E0	R.M. of Storthoaks No. 31
Ken Kyle	Box 218, Redvers S0C 2H0	R.M. of Reciprocity No. 32
Frank E. Faber	Carlyle S0C 0R0	R.M. of Moose Creek No. 33
Thomas Leggatt	Arcola S0C 0G0	R.M. of Browning No. 34
J. R. Robins	Box 529, Redvers S0C 2H0	R.M. of Antler No. 61
Ivan Ziegler	Box 6, Manor S0C 1R0	R.M. of Moose Mountain No.63
Edyth E. Houston	Kisbey S0C 1L0	R.M. of Brock No. 64
Aime Guillemin	Forget S0C 0X0	R.M. of Tecumseh No. 65

Representative	Address	Representing
ESTEVAN DISTRICT HEALTH COUNCIL		
Ernie Dahl	438 - 3rd St., Estevan S4A 0P2	City of Estevan
Jean Grimes	Lampman S0C 1N0	Town of Lampman
Garry Hammett	Box 296, Bienfait S0C 0M0	Town of Bienfait
Shannon Honan	Box 87, Benson S0C 0L0	Village of Benson
Bernice Herzberg	Frobisher S0C 0Y0	Village of Frobisher
Wm. Snider	Box 22, Macoun S0C 1P0	Village of Macoun
Mark Davis	North Portal S0C 1W0	Village of North Portal
Beatrice Thompson	Box 237, Bienfait S0C 0M0	Village of Roche Percee
Carl Graefer	Box 63, Torquay S0C 2L0	Village of Torquay
Emil Porth, Jr.	Tribune S0C 2M0	Village of Tribune
Don Dzuba	Bienfait S0C 0M0	R.M. of Coalfields No. 4
Alfred Mattei	Box 17, Estevan S4A 2A2	R.M. of Estevan No. 5
Dale Shauf	318 Spruce Dr.,Estevan S4A 2G1	R.M. of Cambria No. 6
Jerome Ordahl	Box 36, Bromhead S0C 0N0	R.M. of Souris Valley No. 7
James Storlie	Box 359, Lampman S0C 1N0	R.M. of Browning No. 34
Henry Seeman	Box 42, Lampman S0C 1N0	R.M. of Benson No. 35
Gordon Klarholm	Macoun S0C 1P0	R.M. of Cymri No. 36
OXBOW DISTRICT HEALTH COUNCIL		
Robert Young	Alameda S0C 0A0	Town of Alameda
James P. Ferguson	Box 280, Carnduff S0C 0S0	Town of Carnduff
Evelyn Pierce	Oxbow S0C 2B0	Town of Oxbow
Bruce Cook	Carievale S0C 0P0	Village of Carievale
Kenneth G. McLean	Gainsborough S0C 0Z0	Village of Gainsborough
Fernand Blerot	Storthoaks S0C 2K0	Village of Storthoaks
R. J. Burnett	Box 74, Glen Ewen S0C 1C0	Village of Glen Ewen
T. H. Redpath	Box 96, Gainsborough S0C 0Z0	R.M. of Argyle No. 1
H. E. Wilson	Box 158, Carnduff S0C 0S0	R.M. of Mount Pleasant No. 2
Fred C. Meyer	Oxbow S0C 2B0	R.M. of Enniskillin No. 3
Milton Malin	Fertile S0C 0W0	R.M. of Storthoaks No. 31
		R.M. of Reciprocity No. 32
Lawrence Cruywels	Manor S0C 1R0	R.M. of Moose Creek No. 33
RADVILLE DISTRICT HEALTH COUNCIL		
Reynold Labbee	Box 326, Radville S0C 2G0	Town of Radville
James D. Kimball	Ceylon S0C 0T0	Village of Ceylon
John Blackmore	Gladmar S0C 1A0	Village of Gladmar
Irene Rudland	Box 631, Radville S0C 2G0	Village of Hardy
Lena Bernier	Lake Alma S0C 1M0	Village of Lake Alma
Alfred Bell	Minton S0C 1T0	Village of Minton
Elden Lohse	Beaubier S0C 0H0	R.M. of Lake Alma No. 8
Clifford LaBatte	Box 152, Minton S0C 1T0	R.M. of Surprise Valley No.9
Pierre Verot	Radville S0C 2G0	R.M. of Laurier No. 38
Raymond Riviere	Box 707, Radville S0C 2G0	R.M. of The Gap No. 39

REGIONAL DIRECTOR'S REPORT

Monica Hoffart

Promoting health and preventing illness is the prime objective of our services. We can measure our progress to some degree by a review of statistical data, such as the number and kind of communicable diseases reported in the Health Region, and by the changing attitudes of the public with respect to adopting healthful practices. While progress may be slow at times some gains are, nonetheless, made each year.

This year a major focus was placed on consolidating core services to the preschool population. The program is an interdisciplinary one which integrates the services of the Public Health Nurses, Speech and Language Pathologists, Early Childhood Psychologist, Nutritionist and Audiologist. The program provides an important opportunity to promote and teach good health practices at an early age, and focuses on early detection and treatment of problems.

The Region's specific health promotion activities continued favourably this year. These include the "H.E.E.D. Your Health" program on radio which offers capsuled information and advice on health matters as brought to you by staff members. The Golden Garbage Can clean-up campaign between Weyburn and Estevan drew these two communities into their yearly competitive drive to improve their sanitation conditions. And, a substantial number of students in Grades 5, 6 and 7 entered the Non-Smoking Week Contest in January to express their views about "why they choose not to smoke."

The Health Region's allocated budget this past fiscal year totalled $902,060. We have a staff of 26 full-time and two part-time personnel. Services by the Medical Health Officer, Senior Public Health Inspector, Nutritionist and Early Childhood Psychologist continue to be shared with the Regina Rural Health Region. At present we have three vacant positions. These include one each for a Public Health Inspector and a Public Health Nurse in Estevan and for a Speech and Language Pathologist in Weyburn. We were fortunate and pleased to recruit Mrs. Rita Martyn as Clerk Steno III in December, 1985.

It was with great interest that I watched the establishment, progress and accomplishments of the first local child safety committee in the province at Lampman under Mrs. Jean Grimes as chairperson. One can measure the success of this undertaking by the increased awareness and concern about child safety that has been expressed by local residents. In recognition of their achievements the committee was nominated for the Saskatchewan Child and Youth Safety Award. I look forward to other communities establishing similar committees.

As chairperson of a provincial committee I assisted in developing an orientation manual for Municipal Health Representatives and Regional Boards. It serves to outline the roles and responsibilities of each as well as provide an overview of the programs and functions carried out by staff in Community Health Services Branch. The manual will be distributed to each Municipal Health Representative this year.

An attempt is being made to revitalize the role of Municipal Health Rep. entatives. Your participation in child safety committees, medicine cabinet clean-up campaigns and community sanitation projects is needed. I would encourage everyone to become involved.

Our team of highly trained professionals deserve recognition for their high achievement this past year. As well, a vote of thanks goes out to the many volunteers, media and professional colleagues without whose support and co-operation it would not be possible to attain our primary objective.

REGIONAL STATISTICS

TABLE 1 - VITAL STATISTICS

	1983	1984	1985
Population *	51,073	51,940	52,280
Total Births	791	830	761
Unmarried Mothers	101	105	109
Birth Rate	15.5	16.0	14.6
Total Deaths	424	421	409
Infant Deaths			
0 - 12 months	15	6	13
Under 28 days (Neonatal Deaths)	8	5	12
Stillbirths	4	4	2
Infant Mortality Rate	18.96	7.23	17.08
Neonatal Mortality Rate	10.1	6.0	15.8
Crude Death Rate	8.3	8.1	7.8

* S.H.S.P. includes Registered Indians

TABLE 2 - COMMUNICABLE DISEASE STATISTICS

	1983	1984	1985
Gastroenteritis - Bacterial	2	6	-
- Viral	12	16	-
Giardiasis	-	3	-
Hepatitis - Viral A	12	10	9
- Viral B	12	2	1
Measles	-	-	1
Meningitis - Bacterial	2	-	-
- Viral	-	2	-
Mumps	1	-	-
Pertussis	-	-	2
Rubella	-	-	6
Salmonella	35	11	29
Sexually Transmitted Diseases			
- Gonorrhea	8	18	20
- Syphilis	1	-	-
Shigellosis	3	2	-
Tuberculosis - Pulmonary	-	3	2
- Other	-	1	-

TABLE 3 - RABIES POSITIVE ANIMALS

	1983	1984	1985
Skunk	33	47	46
Cat	-	2	2
Cattle	2	2	4
Dog	-	-	-
Bat	-	-	1
Other	-	1*	2*
TOTAL:	35	52	55

*Horse

TABLE 4 - CAUSES OF DEATH

	1983	1984	1985
Cancer of the Lung	15	19	17
Other Cancers	85	71	85
Ischaemic Heart Disease	96	96	93
Diseases of the Circulatory System	80	87	89
Other Diseases of the Respiratory System	57	44	31
Diseases of the Nervous System	6	8	4
Other Diseases of the Digestive System	16	17	13
Transport Accidents	9	18	12
Other Accidents	10	13	12
Suicide	5	6	2
Homicide	-	1	-
Other Causes of Death	45	41	51
TOTAL:	424	421	409

MEDICAL HEALTH OFFICER'S REPORT

Dr. C. Cunning

I am pleased to report on public health activities for Weyburn-Estevan Health Region.

An important part of our activities involves communicable disease control - particularly primary prevention - by means of immunization. Measles has been a problem in both Manitoba and Alberta, and we have been fortunate in Saskatchewan with relatively few cases - probably due to our high level of immunization. This points up again the importance of continued vigilance in maintaining these high levels.

Western equine encephalitis was again not a problem with no new cases in 1985, probably as a result of the dry weather. Monitoring will continue with sentinel flocks of chickens and mosquitoes.

Rabies in animals persists resulting in many courses of vaccine for people with potential exposure. Care should be taken in handling sick animals; vaccine should be given to pets; and carrier populations such as skunks should be reduced.

Influenza was prevalent this winter and caused some serious illness particularly among the elderly; as yet no new strains have developed so a true epidemic is not expected.

Surveillance continues of such gastro-intestinal diseases as salmonella, shigella and hepatitis. The Public Health Inspectors' food handlers' courses remain important in improving control here, and they are well attended.

In reviewing vital statistics we find that teenage pregnancies are high, indicating a need for better programs to prepare our youth to deal with physical maturity.

Non-smoking progress has been made within our Community Health Services Branch work places which are now smoke free. Reports are that at least one airline plans to prohibit smoking on certain flights, and others may soon follow suit.

The disease that has caused most concern worldwide recently has been AIDS, or acquired immune deficiency syndrome. The name describes the effect on the body of infection with this virus. The body's immunity is reduced or eliminated allowing development of rare and normally harmless infections and cancers.

The occurrence of clusters of these rare conditions among groups of homosexuals is what led to the discovery of the virus in North America.

AIDS is basically a sexually transmitted disease transmitted via sperm, but it can also be spread by blood or blood products from an infected person. It appears to be more easily spread by homosexual activity than by heterosexual contact, but promiscuity of either kind assists in its spread. It has also been spread by intravenous drug abusers sharing needles, and by blood transfusion and the use of blood products such as those required by hemophiliacs. The screening by the Red Cross for AIDS antibodies has made the blood supply safe again.

In Canada the numbers of AIDS cases projected are not occurring. This may be in part due to public education and dissemination of knowledge of this disease with consequent changes in life styles. These changes have occurred particularly among the homosexual community. They have been stressing safe sex and the success of their programs is demonstrated by a marked reduction in other sexually transmitted diseases such as gonorrhea, syphilis and hepatitis B within these groups.

Our statistics show AIDS has remained confined to certain groups and is not spreading to the general population. You are safe if you don't belong to the specific risk groups or if you avoid the activities responsible.

AIDS is a difficult disease to catch and can be avoided by applying the knowledge we now have. To date there is little progress in treatment with antiviral agents and progress towards a vaccine is slow. These are hoped for in the future. The main thrust at present is in education and avoidance of activities that expose one to infection.

It has been a pleasure to work toward a healthy community with the dedicated and professional staff of the Region, with the Board of Health, and with you, the Municipal Health Representatives.

PUBLIC HEALTH NURSING REPORT

Laraine Tremblay

This year, in preparing my annual report, I couldn't help but feel some kinship to those heads of government who each year sit down to draft (or probably more accurately put, assign someone else to draft) their "STATE OF THE UNION" address.

Where does one begin to tell of everts past, present endeavours, and future directions? Quite a task! So, I decided that this year I would simplify the issue and address one major focus, one program area that will not only describe the "STATE OF THE REGION" but also the "STATE OF THE PROVINCE" in terms of nursing services.

As in many other fields, Health has taken inventory of its services and programs, compared them to what experts in the field recommend, and then drafted a program that seems most fitting to the population and its needs. The Preschool Core Program for community health services is the product of that review and its recommendations.

In essence, what it means is that all children across Saskatchewan are being offered and provided a standardized series of services at specified times throughout their preschool years.

Let me be more specific:

All infants and preschoolers will be invited to attend Child Health Conference (or baby clinic, as it is better known) at least seven times: four times during their first year of life, at eighteen months of age and at three years and four years of age. At each of these seven visits, a variety of services which I will describe, will be offered to the child and parent. It should be noted that, although specific areas of health are being addressed at each of these appointment times, health education and promotion form a network throughout.

Now to the service areas. Seven program components were selected and the immunization schedule used as a guideline in determining when these services would be provided.

1. Immunization will be provided at six out of the seven appointments. Children will be immunized against Diphtheria, Tetanus, Whooping Cough and Polio. Vaccine against Red Measles, Mumps and German Measles will also be given. The school entry booster will be given at four years of age.

2. With the use of a standardized test, infants' and preschoolers' development will be screened on four occasions during the preschool years. If any lags or delays are noted, referrals can be made to our Early Childhood Psychologist for further assessment.

3. Hearing will be monitored prior to four years of age by asking parents a series of questions regarding their child's ability to respond to sounds and voice. When the child is four years old, the nurse will screen for hearing loss using an audiometer. Children with suspected defects will be referred to the Audiologist and/or the family physician.

4. A Nutrition Assessment will be carried out at each of the child's visits to the baby clinic during the preschool years. As well, good nutrition practices will be discussed and any nutrition problems will be referred to the Nutritionist and/or the family physician.

5. A head-to-toe Physical Assessment will be done on all infants early in their postnatal period. Following that, regular growth measurements (that includes height, weight and head measurements) will be taken at each clinic appointment. The infant will also be checked for congenital dislocated hip until he/she begins to walk well. Any deviations from normal growth and development will be referred to the family physician.

6. The communication skills (or more specifically, speech and language skills) of all three-year-olds will be checked by using a standardized test. If any lags or delays are noted, referrals can be made to our Speech and Language Pathologist.

7. All four-year-old children will have their vision checked for acuity, muscle balance and the ability to recognize a three-dimensional image. Deviations from the normal will be referred to an eye care practitioner.

This then concludes the overview of the seven service areas of the new Preschool Core Program.

Many of you may ask, "How's this so different from what you were doing before?" Quite simply, it isn't! Many of these services were being provided, however, not with the standardized uniform and consistent approach that is now in evidence across the province.

These services as well as our other program areas have you and your families in mind. We invite you to keep in touch with your local public health nurse. She'll keep you up-to-date on the "news" in our field and be happy to answer any questions you may have.

PUBLIC HEALTH NURSING STATISTICS

	1984-85 Total Number	1985-86 Total Number
Total number of home visits made	2,731	3,011
A. Maternal Health		
Prenatal classes held	158	133
Mothers attending at least once	232	214
Fathers attending at least once	195	184
Prenatal home visits	251	274
Postnatal home visits	673	648
B. Child Health		
Child Health Conferences held (full days)	525	525
Infants (0-12 months) attending	2,713	2,554
Preschoolers(13 mos. to school entrance) attending	3,716	3,853
Home Visits:		
Infants	831	813
Preschoolers	163	201
C. School Health		
School enrollment	10,219	10,186
Students followed up	1,494	1,576
Students attending health education programs	463	695
D. Communicable Disease Control and Investigation		
Follow-up visits	136	156

	Primary		Recall	
	84-85	85-86	84-85	85-86
Immunization:				
Diphtheria, Tetanus, Pertussis				
Infants	680	648	-	-
Preschoolers	102	83	1,633	1,592
Students (Td)	14	1	700	760
Oral Polio				
Infants	679	669	-	-
Preschoolers	113	101	1,687	1,617
Students	1	-	803	813

	84-85	85-86
M.M.R.		
Preschoolers	851	799
Students	16	19
Mumps		
Preschoolers	1	-
Students	6	2
Rubella (students)	261	306
E. Adult Health		
Home Visits:		
Elderly (over 65 years)	380	541
Other adults (under 65 years)	240	257
Physically handicapped	300	361
S.A.I.L. recipients	500	515

PUBLIC HEALTH INSPECTOR'S REPORT

Gordon Button

In preparation for my report, I considered it necessary to give you some good news and some bad news.

The good news is that since Trevor Getty's return in June from education leave, he has been, along with his other duties of a regular inspector and acting Senior while I'm away (which is 50 percent of the time), very actively involved in upgrading the Provincial Level I Swimming Pool Operator's Course.

Trevor is presently putting the finishing touches to the drafting of a more advanced Level II course designed to increase the operator's knowledge of pool chemistry and its relationship to a more efficient pool operation and higher quality of bathing water. Trevor is highly qualified in this area. He recently participated in a project whereby the use of ozone in conjunction with bromine was tested as a disinfectant in the operation of whirlpools. Whirlpools are notorious in the spread of a skin infection known as pseudomonas folliculitis. The results of their tests indicated that an ozone-bromine concentration was very effective in the treatment of whirlpool water.

A very successful Swimming Pool Operator's Course was held in Carlyle last summer; another Level I Course is scheduled for June 6th and 7th of this year in Carlyle, and a Level II Course will be held in Regina on June 12th and 13th.

In the past year, we have had serious problems in the operation of two hotels in the region. One resolved itself by burning down; the other one is showing signs of improvement.

The bad news I have for you is that we have been short of staff again since last May when Lorne Humenny transferred to Prince Albert, leaving us with only one Public Health Inspector in the Estevan office. This came at a most inopportune time. With the upsurge in oil activity, it meant that Peter deGraaf was deluged with plans for new and old building renovations, plumbing inspections, subdivisions, etc., and has not had the opportunity to devote as much time as he would like to regular inspections.

Despite this, Peter and Yvonne Schiller (our Public Health Inspector for the Redvers to Weyburn district), very effectively handled a food infection outbreak in a local nursing home in which 10 staff members and 17 residents became ill; four residents were hospitalized.

Thanks are extended to the nursing home administration and staff who complied with our request that all kitchen staff and anyone who had been ill or diagnosed positive as a result of stool sample analysis refrain from handling food or remain off work until two consecutive negative samples were obtained.

This was quickly followed up with the presentation of a Food Handler's Course for their staff of 40 people, to instruct them in good techniques for safe handling and preparation of food and, in general, good sanitation practices in the operation and maintenance of the nursing home. As a result of this action, there were no secondary cases of infection and activities quickly returned to normal.

During the past year, very successful Food Handler's Seminars have been held in Radville, Redvers, Stoughton and Estevan with 134 people in attendance.

Any community wishing to sponsor a seminar is requested to contact their district health inspector or myself.

With staff shortages, it is difficult for our inspectors to be everywhere and see the problems they need to see. This is where you, as Municipal Health Representatives, can play an important role. I would urge you to become our eyes and ears by reporting any problems in your area to us so that we may do a better job for you.

PUBLIC HEALTH INSPECTION STATISTICS

	Number of Facilities		Formal Inspections		Informal Inspections		Hours Spent*
	84-85	85-86	84-85	85-86	84-85	85-86	85-86
FOOD CONTROL							
Eating Establishments	232	241	181	171	275	254	428
Food Distribution	86	83	41	37	58	28	95
Food Processing	25	24	15	9	12	4	31
Liquor Outlets	48	48	49	39	40	25	63
GENERAL SANITATION							
Hospitals	9	10	1	5	4	4	16
Schools	64	64	9	27	3	9	47
Institutions	51	48	33	20	17	3	30
Mobile Home Parks	10	10	3	6	22	18	47
Trailer Courts	2	2	0	3	4	6	13
Hotels	32	32	34	33	51	53	114
Motels	21	22	19	21	22	30	53
Swimming Pools	37	40	30	47	92	83	170
Personal Service Facilities	69	63	49	6	12	6	26
Recreational Facilities	101	102	52	56	97	42	144
Public Facilities	43	43	15	17	53	19	61
Private Water					49	56	159
Private Sewage Systems					48	35	79
Housing					90	101	154
Industrial Facilities					26	11	65
Agricultural Facilities					9	13	30
Plumbing					517	520	515
Investigations					116	150	252
TOTALS:	830	832	531	497	1,617	1,470	2,592*

*Note - Total hours spent does not include travel time, training courses, meetings, special projects and general administration.

SPEECH-LANGUAGE PATHOLOGIST'S REPORT

Bette Kelly

The year 1985 saw many changes in speech-language pathology in the Health Region. K. Richter was appointed Acting Director of Speech-Language Pathology for the Community Health Services Branch. The Preschool Core Screening Program was initiated by the public health nurses. Krysta Watt left Weyburn to accept a position as Speech-Language Pathologist for Northern Health Services in LaRonge.

The departure of one speech-language pathologist and the resulting vacancy created in the Weyburn-Carlyle area has led to changes in service delivery for the Health Region. Regular therapy clinics are no longer available in Carlyle and Weyburn. Assessments and reviews continue in these areas but the waiting list is steadily increasing. Regular assessment review and therapy clinics continue in the Estevan and Oxbow areas. Consultative services are provided monthly to the Estevan Developmental Center.

The introduction of the Core Screening Program by the public health nurses has resulted in greater numbers of three-year-old referrals. It has also increased the waiting list in the Weyburn-Carlyle areas.

It is hoped that the vacant Speech-Language Pathologist position will be filled as soon as possible in the coming year so that better service may be provided to preschoolers in the Health Region. The Speech-Language Pathologist would like to thank the staff of the Health Region for making the past year enjoyable and rewarding.

SPEECH-LANGUAGE PATHOLOGIST'S STATISTICS

I. Referrals Received

Sources of Referrals:

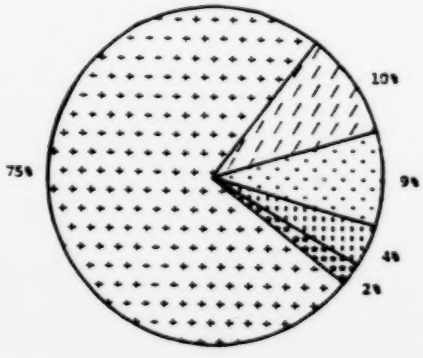
Public Health Nurses	85
Early Childhood Psychologist	1
Family Physicians	4
Saskatchewan Hearing Aid Plan	2
Parent	19
Other	12
Total:	123

II.

Number of Clients Assessed	185
Number of Clients Reviewed	33
Number of Clients Discharged	121

III. Speech Pathology Activities

Casework	75 %
Travel	10 %
Administration	9 %
Professional Development	4 %
Public Education	2 %
	100 %



CHIROPODIST'S REPORT

Dr. Jeremy Shortland

So another year has passed! Chiropodywise, our schedule has been hectic but nevertheless an interesting one.

Our department has been involved in numerous presentations to various groups this year. We have covered:

i) Six nursing homes where a combination of slides and practical demonstrations were given on the basis of in-service training to nursing home staff. These presentations were well received.

ii) Liaison with Home Care has been excellent and many of their staff members have visited us for a half-day session in the Weyburn clinic. Local rapport with general practitioners is also excellent.

iii) A presentation was given to the Estevan Diabetic Association from which, needless to say, numerous new patient referrals were received.

iv) Our department also participated in a presentation to preschool children at Weyburn. I hope this becomes an annual event as it seems to be an excellent introduction for young children to the public health workplace under friendly, relaxed conditions.

This year I hope to be able to devote more time to foot health education aimed primarily at children as I feel "prevention" should be the "name of the game". I intend to give a series of talks in Weyburn city schools and then, depending on demand, apportion specific time to a school children's clinic (maybe one day/week in Weyburn). If successful, the idea could be expanded to the Estevan area, but in their case, I believe recruitment of an additional chiropodist would be imperative.

Estevan should soon have larger, improved chiropody facilities with suitable equipment to accommodate the increasing caseload.

CHIROPODIST'S STATISTICS

TABLE I CATEGORY OF RETURN PATIENTS BY LOCATION
April 1985 - March 1986

LOCATION	TOTAL TREATMENTS GIVEN	LESS DISCHARGES	TOTAL CASELOAD AT MARCH 31/86
Weyburn	2,388	274	921
Estevan	329	36	130
Carlyle	248	24	105
Total	2,965	334	1,156

TABLE II CATEGORY OF NEW PATIENTS BY LOCATION
April 1985 - March 1986

LOCATION	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL	PERCENTAGE OF TOTAL
Weyburn	168	29	98	134	429	73.6 %
Estevan	35	6	19	20	80	13.7 %
Carlyle	25	1	20	28	74	12.7 %
Total	228	36	137	182	583	100. %
Percentage of Total	39 %	6 %	24 %	31 %	100 %	100. %

TABLE III CATEGORY OF NEW PATIENTS BY LOCATION
TOTAL CASELOAD LESS DISCHARGES
February 1984 - March 31, 1986

LOCATION	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL	PERCENTAGE OF TOTAL
Weyburn	349	79	217	249	894	81 %
Estevan	59	7	24	28	118	10 %
Carlyle	46	2	31	20	99	9 %
Total	454	88	272	297	1,111	100. %
Percentage of Total	40 %	8 %	25 %	27 %	100 %	100 %

Category 1 Medically at Risk (Elderly)
Category 2 Medically at Risk (General Population)
Category 3 Well Elderly
Category 4 General Population (Not Medically at Risk)

REGIONAL NUTRITIONIST'S REPORT

Eunice Misskey

The public health nutrition program encompasses services to all age groups from expectant parents to seniors.

The Public Health Nutritionist for the Regina Rural and Weyburn-Estevan Regions serves the people in 196 communities in a variety of capacities. She: 1) conducts educational and promotional programs via group work and media activities; 2) provides technical consultation and inservice training to professional staff, educators, and lay leaders; 3) provides nutritional counselling; 4) conducts research; and 5) plans and develops programs and resources for professional and public use.

Major focus and accomplishments for 1985-86 are highlighted below:

1. Nutrition activity sheets were designed and distributed as support material to the curriculum for all kindergarten to grade six teachers via principals in 109 schools.
2. A nutrition resource package was distributed as additional support material for 54 grades seven to nine teachers participating in the new health curriculum.
3. Nutrition referrals for preschool children increased as a result of the new provincial preschool program which includes nutritional assessment and counselling as important components. It is too early to determine whether this increased trend will continue.
4. More daycare and playschool centres requested the loan of preschool nutrition education programs and resources available from the Nutritionist.
5. Prenatal education was reviewed on a provincial basis. This included revisions to the nutrition and infant feeding sections of prenatal classes. The Nutritionist continued to conduct demonstration prenatal classes for public health nurses on request.
6. Nutrition promotional activities included researching and writing newspaper columns for the provincial weeklies and taping radio spots for broadcast on CFSL and CJSL in Weyburn and Estevan. In October, the Nutritionist also co-ordinated a health display for the Indian Head Trade Fair. She also participated in a preschool fair in Weyburn in February.
7. To celebrate the National Nutrition Month, a contest was designed to involve about 180 Health Councillors (municipal health representatives) in Regina Rural and Weyburn-Estevan. The purpose of the contest was to have councillors submit a title which could be used to head the nutrition columns in the local weeklies. Positive response to the contest was received.

8. A workshop was provided to dietetic interns as part of their training at the Regina General Hospital. In addition, a one-week public health nutrition affiliation experience was supervised for each of two dietetic interns from the Regina hospital.

9. Professional consultation and resources were provided to over 1,000 individuals, agencies and special groups.

10. Educational sessions were provided to 18 groups. About 15 engagements were declined, postponed until Fall, 1986 or cancelled due to heavy workload and in November/December, 1985 due to six weeks sick leave.

A special thank you is extended to community members and Municipal Health Representatives for their interest and input, and to the Health staff in the two Regions for their continued co-operation and support.

REGIONAL NUTRITIONIST'S STATISTICS

SERVICE	1984-85	1985-86	
NUTRITION EDUCATION			
Number of Groups	27	18	(includes inservice
Attendance	511	385	training)
Inservice Training/Orientation			
Number of Sessions	14	12	(Orientation sessions only)
Attendance	107	18	
Media - Press Releases			
Number researched and written	10	7	
Number sent to papers	58	52	
Radio Spots			
Number researched and written	25	19	
Number taped for broadcast	27	18	
Professional Consultations/Technical Support	999	1060	
NUTRITION COUNSELLING			
New Referrals	17	14	
Follow-up	3	1	

Note: Several commitments were declined, cancelled or postponed due to six weeks sick leave.

EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

Larry Mahovsky

This report includes all work conducted between January 2, 1985, and December 31, 1985.

Again, as in 1984, I served both Regina Rural Health Region (RRHR) and the Weyburn-Estevan Health Region (WEHR). I attempted to maintain the same schedule that I had established in 1984, that is every Monday and Tuesday were spent in the RRHR while every Wednesday and Thursday were spent in the WEHR. Fridays were to be evenly split between the two health regions, however, in practise, they were usually spent in the RRHR.

Since this is my second complete year as Early Childhood Psychologist (ECP) in both health regions, I can now compare 1985 with 1984.

1. REFERRALS

In 1985, 70% of the referrals were received from the Public Health Nurses, 23% from the Speech-Language Pathologists and 7% from other sources such as doctors, social workers, day care workers, parents, etc. This compares to 63%, 21%, and 16% in 1984. As with the 1984 referrals, the vast majority of referrals were due to concerns regarding the child's development.

2. APPOINTMENTS

In 1985, I held 218 appointments for the 96 referrals that I received throughout the year. This was an average of 2.27 sessions per referral. In 1984, I held 264 appointments for the 101 referrals that I received which was an average of 2.61 sessions per referral.

This past year I continued to conduct home visits as well as seeing clients at District and Regional offices (illustrated in the statistics).

3. TRAVEL

During 1985, I travelled 49,369 kms. (30,855 miles) in the performance of my duties, whereas in 1984, I travelled 38,959 kms. (24,349 miles).

4. WORK ACTIVITIES

Most of my work time was taken up by three activities: 1) casework, 2) travel, and 3) administration. Casework involves work with individual children directly or through their parents, home therapist, etc. This work includes arranging and booking appointments, testing, counselling, reporting, obtaining information and consulting. Travel involves the amount of time spent travelling to and from appointments and meetings at

regional offices, district offices and homes, etc. Administration involves the completion of reports and forms required by the branch or department. Consultation involves ECP meetings, conferences, and meetings with other professionals or community groups for the purpose of providing and receiving information of a professional nature. Primary Prevention involves planning, execution, and follow-up work on activities with the general population and at-risk groups. Community Development involves participation in the development of resources for children such as intervention programs and day care or nursery schools.

An important part of my workload includes membership in a number of committees. Currently, I am a member of the Regina Rural Regional Early Childhood Co-ordinating Committee (RECCC), the admissions and review committee of the Southeast Early Childhood Intervention Program (ECIP), and the admissions and review committee of the Weyburn Early Childhood Intervention Program (ECIP). Also, once per month I attend senior staff meetings in Regina and Early Childhood Committee (ECC) meetings in Regina and Weyburn. Usually these meetings take up three to four days of each month. In addition, up to two days per month may be spent in research, follow-up, consultation, etc. that is required for these meetings.

5. LOOKING TOWARDS 1986-1987

The year 1986 will be a year of transition for the provincial Early Childhood Psychology (ECP) program. Firstly, Elaine Scott, Associate Executive Director of Community Health Services, will supervise the provincial ECP program, taking over these duties from Dr. Roy West. Secondly, two additional ECP positions will be filled this year bringing the total number of provincial ECP's to seven. The current placement of the provincial ECP's is:

Ruth Wong	- Prince Albert
Tari Kinzel	- North Battleford
Deb Parker-Loewen	- Yorkton
Eigil Jensen	- Melfort
Ray Hertzog	- Moose Jaw; Swift Current (twinned)*
Cameron Barr	- Saskatoon; Rosetown (twinned)
Larry Mahovsky	- Regina; Weyburn-Estevan (twinned)

* This ECP position (Swift Current) has been approved and will likely be filled this year.

A B-Budget proposal for two additional ECP positions (Rosetown, Weyburn-Estevan) has not been approved for this fiscal year. This will mean that some ECP's will be covering two health regions while other ECP's will be covering one health region. Thirdly, under the guidance of the Associate Executive Director, the provincial ECP's are reassessing the current ECP program to redefine and improve it. This work has already begun and is to be completed by April 1, 1987.

Fourthly, the incumbent ECP in Yorkton returned from a three-year sabbatical leave on July 1, 1985. The incumbent ECP in Melfort will begin a two-year sabbatical leave in September of 1986. Fifthly, while a position was advertised to provide a provincial consultant for the ECP's, a suitable candidate was not found. Consequently, the provincial ECP's do not have a consultant. This is unfortunate as some of the workload that would have been done by this person now must be done by the ECP's. Sixthly, a new Preschool Core Service Program has been implemented provincially which will increase the number of referrals to the ECP's.

Undoubtedly, 1986 will be a busy year. Since a lot of the ECP program is part of an outreach program to the communities, travel will still be a large part of what we do. I believe this outreach is one of the strongest parts of the ECP program and while it may not be cost-efficient, it is certainly appreciated by the public. Hopefully, when the reassessment of the ECP program is completed, outreach will still be a priority of service. While not all health regions have their own ECP, it is hoped that the ECP program will come into its own during 1986-87 and the need for each region to have its own ECP will become more evident.

EARLY CHILDHOOD PSYCHOLOGIST'S STATISTICS

1. REFERRALS

	1985			1984		
Source of Referral	RRHR	WEHR	TOT.	RRHR	WEHR	TOT.
Public Health Nurse	47	20	67	44	20	64
Speech-Lang. Path.	18	4	22	15	6	21
Other	5	2	7	10	6	16
Totals	70	26	96	69	32	101

2. APPOINTMENTS

	1985 VISITS					
Place	RRHR	%	WEHR	%	TOTAL	%
Regional Offices	41	24	25	34	66	27
District Offices	59	34	14	19	73	29
Home Visits	64	37	25	34	89	36
*Other	10	5	10	13	20	8
Totals	174		74		248	

* Besides referrals, I made visits to other agencies to consult with children that were not formally referred. This includes visits to Redvers and Weyburn Early Childhood Intervention Program offices.

3. TRAVEL

1985	1984
49,369 kms. (30,855 miles)	38,959 kms. (24,349 miles)

4. WORK ACTIVITIES

	1985 HOURS					
Work Activity	RRHR	%	WEHR	%	TOTAL	%
Casework	480.5	42	172.5	29	652.75	37
Primary Prevention	52.5	5	48.25	8	100.75	6
Consultation	97.5	8	31.74	5	129.25	7
Community Development	23.	2	14.75	2	37.25	2
Inservice	13.5	1	0.0	0	13.5	1
Travel	286.5	25	284.75	48	971.25	33
Administration	196.25	17	46.0	8	242.25	14
Totals	1149.5		598.00		1747.50	
Day Equivalents	143.7		74.7		218.4	

WEYBURN-ESTEVAN HEALTH REGION STAFF

(As of December 31, 1985)

WEYBURN REGIONAL OFFICE — **TELEPHONE: 842-4691**

Regional Director	Miss Monica Hoffart
Medical Health Officer (Shared)	Dr. Clive Cunning
Regional Nursing Supervisor	Mrs. Laraine Tremblay
Assistant Regional Nursing Supervisor	Mrs. Fran Kambeitz
Public Health Nurse I	Mrs. Claudia Berscheid
Public Health Nurse I	Mrs. Linda Klein
Public Health Nurse I	Mrs. Betty Stewart
Senior Public Health Inspector (Shared)	Mr. Gordon Button
Assistant Senior Public Health Inspector	Mr. Trevor Getty
Public Health Inspector I	Miss Yvonne Schiller
Speech and Language Pathologist	
Nutritionist (Shared)	Mrs. Eunice Misskey
Early Childhood Psychologist (Shared)	Mr. Larry Mahovsky
Clerk-Steno III	Mrs. Rita Martyn
Clerk-Steno II	Mrs. Gloria Allen
Clerk-Typist II	Mrs. Lynn Rogal
Clerk-Typist II (Part-time)	Mrs. Valerie Thomas
Chiropodist	Dr. Jeremy Shortland
Chiropody Assistant	Miss Amber McLeod

ESTEVAN DISTRICT OFFICE — **TELEPHONE: 634-3651**

Public Health Nurse I	Mrs. Rose Black
Public Health Nurse I	Miss Linda Church
Public Health Nurse I	Mrs. Brenda Walker
Public Health Nurse I	
Public Health Inspector I	Mr. Peter deGraaf
Public Health Inspector I	
Speech & Language Pathologist	Miss Bette Kelly
Clerk-Steno II	Mrs. Gloria George
Clerk-Typist I (Part-time)	Mrs. Elaine Boire

CARLYLE DISTRICT OFFICE — **TELEPHONE: 453-6131**

Public Health Nurse I	Mrs. Wanda Atcheson

OXBOW DISTRICT OFFICE — **TELEPHONE: 483-2313**

Public Health Nurse I	Miss Sandra Hill

RADVILLE DISTRICT OFFICE — **TELEPHONE: 869-2555**

Public Health Nurse I	Miss DeLee Vataman

REDVERS DISTRICT OFFICE — **TELEPHONE: 452-3464**

Public Health Nurse I	Mrs. Kaye Becker